

Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006
Community Based Residential Facility
CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: OUR HOUSE MEMORY CARE WAUSAU (0009332)

Address: 220 WEST CAMPUS DRIVE, WAUSAU, WI 54401

License Status: REGULAR

Licensed/Certified/Registered 12/29/2001

Regional Office: NORTHERN REGION (RHINELANDER), (715) 365-2800

Survey History

Survey ID: 0094354 **End Date:** 02/28/2005 **Type:** OTHER **Purpose:** COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10009387 Served 04/04/2005

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.19(3)(f)	ACCIDENT RESULTS IN HOSPITALIZATION	05/30/2006	Yes

Survey ID: 0094260 **End Date:** 01/27/2005 **Type:** STANDARD **Purpose:** SURVEY/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10009367 Served 03/14/2005

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(2)(b)4	EXPERIENCE WITH CLIENT GROUP	05/30/2003	Yes

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

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Enforcement History

Date: 03/14/2005 **SOD #10009367** **Appealed: No**

Sanctions

FORFEITURE---83.12(2)(b)4

Date: 06/02/2003 **SOD #10005169** **Appealed: No**

Sanctions

OTHER SANCTION

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Complaint History

Date Complaint Received: 10/29/2004

Date Investigation Completed: 02/28/2005

Subject Area(s)

RESIDENT BEHAVIOR/FACILITY PRACTICE
MEDICATIONS
PROGRAM SERVICES

Result

SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

10009387

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